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ABSTRACT

A study of middle-aged women in five Israeli sub-cultures--immigrant Jews from central Europe, Turkey, Persia, and North Africa and Israeli-born Muslim Arabs--reflects the expectation that culture may shape the response to biological change. The study was carried out in four phases. First, psychiatric interviews were conducted with 55 women. In the second phase, 1148 women were surveyed concerning their psychosexual history, attitudes toward climacterium, menopausal symptomatology, social roles and role satisfactions, and psychological well-being. In the third phase, 697 of the 1148 women underwent a medical examination. The final phase consisted of follow-up psychiatric interviews with 160 subjects. Findings show that the response to middle age and to climacterium is shaped by ethnic origin, there is no linear relationship between psychological well-being and the degree of modernity, and the cessation of fertility is welcomed by women in all cultures. (RM)

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TRADITION, MODERNITY, AND THE TRANSITIONS OF MIDDLE AGE IN FIVE ISRAELI SUB-CULTURES[1]

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This study of middle-aged women in five Israeli sub-cultures reflects the expectation that culture may shape the response to biological change. The study began in Kiryat Shmona, where Benjamin Maoz, on his psychiatric residency, observed that hospitalization for involutional psychosis was seen only among European women and not among women from Near Eastern cultures. Maoz, together with Aaron Antonovsky, a medical sociologist, found in the national health statistics that the observation in Kiryat Shmona was true for the entire Israeli population: that is, that hospitalization for involutional psychosis, while rare, occurred almost exclusively among European women.

Three hypotheses were proposed to explain this observation: (1) Differences in cultural patterns create varying degrees of stress in middle age, and this stress is greatest for the modern youth-oriented European culture, and manifest not only in the extreme response seen in involutional

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depression, but observable also as non-pathological stress among normal women; (2) Stress may be more or less equal across cultures, but manifest as psychiatric complaints among European women and expressed as somatic complaints among Near Eastern women, since there are cultural differences in the permissible forms of expressed stress; (3) Stress may be more or less equal across cultures, but the diagnosis of involutional psychosis is only made among the European women, due to some combination of the doctor's readiness to observe psychiatric symptoms and the woman's ability to communicate psychic distress.

Antonovsky and Maoz proposed a broad-scale study to explore the consequences of cultural differences for stress in middle age. Their view was that greater stress could be anticipated among European women, who had planned and restricted childbearing, and they could therefore be said to have "denied" their femininity, and to view menopause as the loss of a potentiality which had not found sufficient fulfillment, while traditional women could expect to enjoy raised status as they took on a matriarchal role. Support for this view was found in the psychiatric literature.

Datan brought to the study a perspective from developmental psychology which led to a contradictory view: the European women, who had coped actively throughout their lives, would find menopause and middle age a time of new freedom, while traditional women from Near Eastern cultures, whose only role had been that of childbearer and mother, would find the loss of fertility both salient and stressful. Support for this view was found in the developmental literature.

The study was designed to address two major issues: (1) What is the relationship between the degree of traditionalism or modernity in a culture and the level of psychological wellbeing by women to the changes of middle age? and (2) What is the relationship between the degree of modernity (and the woman's fertility history) and the perception of the loss of fertility? These questions emerge from a comparison of the woman's life cycle in traditional and modern cultures. In traditional cultures, early marriage--at or shortly after menarche--and frequent childbearing throughout the years of fertility are the norms. In modern cultures the converse is seen: marriage--a mark of social maturity-- occurs several years after biological maturity, and childbearing is limited to a few children typically born fairly soon after marriage. It may be said, then, that the family life cycle in traditional cultures corresponds fairly closely to the biological life cycle of the woman; with increased modernity, there is increased independence between the family life cycle and the biological life cycle. The purpose of the present paper is to inquire whether the relative strength of the relationship between the biological life cycle and the family life cycle in traditional and modern sub-cultures is expressed in women's responses to menopause.

The study was carried out in four phases. The first phase was a pilot study during which semi-structured psychiatric interviews were conducted by Maoz with 55 women of European and Near Eastern Jewish origin, and women of Israeli Muslim Arab origin. On the basis of findings from the pilot study, a closed interview schedule was constructed for the second phase of

the study, a broad-scale survey among 1148 women from five Israeli subcultures ranging along a continuum from modernity: immigrant Jews from Central Europe, Turkey, Persia, and North Africa; and Israeli-born Muslim Arabs. The survey questionnair dealt with aspects of middle age, including demographic information, psychosexual history, attitudes toward climacterium, menopausal symptomatology, social roles and role satisfaction, and self-reported psychological wellbeing.

An overview of selected social characteristics of the five ethnic groups (see Table 1) reveals a consistent pattern of differences, from the most traditional group, the Arab women, through the North Africans, Persians, and Turks, to the most modern group, the Central European women. This pattern supports our general notion that the life cycle of the traditional woman more closely approximates the biological life cycle, while the life cycle of the modern women is relatively more independent of the biological life cycle. Traditional women marry sooner, bear more children, and continue bearing children far longer than do modern women. In addition, traditional women are likely to be religiously orthodox--and both Jewish and Moslem tradition have elaborate taboo systems related to menstruation, pregnancy, and childbirth. Finally, traditional women tend to be illiterate, while literacy is universal among the Central Europeans. In short, it is probably reasonable to say that with successively greater degrees of modernity, the life cycle becomes progressively more independent of biological changes. This general tendency, in turn, leads us to anticipate culturally determined differences in psychological wellbeing and the response to the loss of fertility.

All women from the second phase of the study were invited to participate in the third phase, a medical examination; of the 1148 women who agreed to take part in the survey, 697 consented to the medical examination. There was somewhat more readiness to cooperate in the medical examination among women in the more traditional groups, but this difference was not statistically significant. The medical examination included a pregnancy history, a general physical examination, the woman's self-reported assessment of her physical health, and the physician's overall rating of her physical and mental health.

The fourth and final phase of the study consisted of follow-up psychiatric interviews with 160 subjects, sub-samples from each of the five ethnic groups in the survey, who represented the high and low extremes with respect to self-reported psychological wellbeing. Among other findings, considerable agreement was seen between the woman's self-report and the psychiatrist's diagnosis, although the psychiatrists had no prior knowledge of the woman's report: that is, a woman whose self-report indicated a high measure of psychological wellbeing was likely to be evaluated by the psychiatrist as well-adjusted; and, conversely, women with low self-reports were often independently viewed by the psychiatrist as somewhat depressed. These findings were interpreted as a measure of support for the validity of the survey responses.

We commenced this study with contradictory views on the relationship between adjustment at middle age and the degree of modernity: the first predicted an inverse linear relationship between adjustment and the degree of modernity, on the basis of the psychiatric literature; the second

predicted a direct linear relationship between adjustment and the degree of modernity on the basis of the developmental literature. The survey findings showed a curvilinear relationship between degree of modernity and self-reported psychological wellbeing, with the highest reported wellbeing at the two extremes, among the modern European and traditional Arab sub-cultures. This finding has been attributed to the greater cultural stability in these two sub-cultures: the immigrant European women came to a country where the dominant cultural values were European, while the Muslim Arab villagers, living in a stable traditional setting, saw change gradually penetrate their lives.

The transitional groups, by contrast--the Turks, Persians, and North Africans--had been socialized into traditional settings and transplanted into a modern context where traditional cues no longer served them, while they were unable to make use of the benefits of modernity, choices among a plurality of roles. The self-reported psychological wellbeing was lowest in the group which, by external indicators such as the degree of traditionalism in the life history and the modernity of the present life context, would appear to have experienced the greatest discontinuity: the Persians.

Each sub-culture viewed climacterium as a combination of gains and losses, but this combination differed by ethnic group: the Europeans saw a possible decline in emotional health; the Near Eastern Jews were concerned over a decline in physical health; and the Muslim Arabs felt there was some decline in the marital relationship. On the other hand, all groups unanimously welcomed the cessation of fertility, despite large variation in conception control and fertility history, ranging from the Europeans at one

extreme, who typically bore one or two children and prevented or aborted unplanned pregnancies to the Arabs at the other extreme, some of whom were continuously pregnant or lactating between menarche and menopause. That this response is paced by the life cycle and not shaped by prior events in the psychosexual history is suggested by the European women's attitudes toward their actual and ideal family size: two-thirds of the European women reported that they would have wanted to have borne more children, but that economic or political circumstances--this cohort bore children at the time of the establishment of the State of Israel, and the attendant war and period of economic austerity--prevented larger families. Notwithstanding the desire to have borne more children, the European women--like all other groups--did not now wish to be capable of pregnancy. We have interpreted this finding as suggestive of a developmental change in adulthood, linked (like many earlier developmental changes) to a maturational change.

Finally, the multidisciplinary approach to the question of the significance of the changes at middle age permitted us to answer the question which originally stimulated the broader study: that is, is the hospitalization of European women for involutional psychosis a consequence of differential rates of stress in different cultures, different modes of expression of stress, or differential diagnosis? From the survey, the medical examinations, and the follow-up psychiatric interviews, we were able to provide tentative answers. There was no support for the first hypothesis, that cultural patterns produced greater stress in the most modern culture, manifest at the extreme as involutional depression; on the contrary, as has been shown, self-reported wellbeing was greatest at the two poles of the traditional-

modernity continuum. There was some support for the second hypothesis: that is, there was a greater incidence of psychosomatic complaints on survey responses among the Persians and North Africans, while the follow-up psychiatric interview showed "psychological" symptomatology among the Europeans, "somatic" symptoms among all other groups. Finally, there was support for the third hypothesis: clinical depression was found to be rare, but appeared in approximately equal rates across cultures in the medical examination and follow-up psychiatric interviews, and diagnosis was considered to have been improved by the use of psychiatrists from the same (or closely related) subculture as the respondents.

To sum up: our broad-scale study of normal women showed involutional psychosis to be an extremely infrequent response; we found in general that the response to middle age and to climacterium is shaped by ethnic origin, that the balance of gains and losses is specific to each sub-culture, that there is no linear relationship between psychological wellbeing and the degree of modernity, and finally, that the cessation of fertility is welcomed by women in all cultures.

TABLE 1

SELECTED SOCIAL CHARACTERISTICS
BY ETHNIC GROUP
(Percentages)

ITEM	ETHNIC GROUP				
	Central Europeans	Turks	Persians	North Africans	Arabs
N =	(287)	(176)	(160)	(239)	(286)
Illiterate	0	29	61	60	96
Husband illiterate	0	25	49	53	66
Married before age 16	0	5	35	37	30
7 or more live births[a]	0	5	53	59	72
5 or more living children	0	14	68	68	
5 or more children currently living at home	0	3	29	36	53
At least one child under 14 years old	16	30	47	57	56
Total childbearing span less than 7 years	70	35	13	20	10
Works outside the home (full or part time, including family business or agriculture)	42	21	29	25	35
Currently religiously orthodox	21	30	57	85	98

[a]Percent based on medical sub-samples.

Adopted from N. Datan, A. Antonovsky, and B. Maoz, A Time to Reap: The Middle Age of Women in Five Israeli Subcultures. Baltimore: The Johns Hopkins University Press, 1981, p. 18.